

Return to: Cabinet for Health and Family Services
Department for Public Health
WIC Program HS2W-D
275 East Main Street
Frankfort, Kentucky 40521

WIC VENDOR SALES INFORMATION
Please review the directions on the back of this form.

STORE NAME _____
WIC VENDOR NUMBER _____
STORE ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____

If this is for a new store, you must estimate anticipated sales and specify a time period.

1. Indicate time period for information supplied: From _____ to _____
month/year month/year
2. Food Sales for the last available year: \$ _____
amount
3. Gross Sales for the last available year: \$ _____
amount

**TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT.
I UNDERSTAND THIS INFORMATION IS FOR THE USE OF THE WIC PROGRAM.**

Name of Person or Firm Supplying Information

Date

Signature

Title

INSTRUCTIONS FOR COMPLETING THE WIC VENDOR SALES INFORMATION

- A. This form serves to document whether a contracted vendor or vendor applicant meets the criteria for non-taxable food sales and the primary business is a retail grocer.
- B. Instructions for completion of the form
1. **Store Name** – Enter store name
 2. **WIC Vendor Number** – Enter your Authorized WIC Vendor Number as it appears on your Vendor Stamp. If an applying Vendor, leave the area blank.

Store Address, City, State, Zip Code – Enter Store address if a new store.
 3. **Indicate time period for information supplied** - Indicate the twelve (12) month period covered by beginning and ending month and year. If store has not been in business for an entire year, indicate the time period for which information is being supplied. If an applying vendor, specify a time period used for the estimated sales.
 4. **Food Sales** – Supply amount of all nontaxable food sales, including WIC sales, if applicable, for the last available year. Indicate the dollar amount of sales. If an applying vendor, estimate anticipated sales.
 5. **Gross Sales** – Supply amount of total sales for store for the last available year. Gross sales include both the taxable and nontaxable sales done by the store, including gas, pharmacy, bait, deli, video rental, etc. However, sales from lottery, money orders and any service offered as commission services (e.g. Ticket Master), fishing/hunting licenses are not to be reported as gross sales. Indicate the dollar amount of sales. If applying vendor, estimate anticipated sales.
 6. **Name of Person or Firm Supplying Information** – Self-explanatory.
 7. **Date** – Month, Day and Year the form is completed.
 8. **Signature** – Signature of person supplying information.
 9. **Title** – Title of person or firm supplying information.
- C. Keep the second page of this form (copy) for your records.